

DEC 22 1941 399
Registration District No.

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **Kansas City Mo.**
(c) Name of hospital or institution
2430 Kensington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 Yrs.**
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **Mr. August TREFZ.**

3. (b) If veteran, name war. 3. (c) Social Security No. **760**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Maude Lee Trefz.** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Sept. 11 1885**
(Month) (Day) (Year)

8. AGE: Years **56** Months **2** Days **6** If less than one day hr. min.

9. Birthplace **Fort Scott Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Kansas City Gas Co.**

12. Name **George F. Trefz.**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie**

15. Birthplace **Wright City Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Martin Trefz.**

(b) Address **2814 Prospect Ave.**

17. (a) **Burial** (b) Date thereof **11/20/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary K.C.K.**

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **K.C. Mo.**

19. (a) **11-18-41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2430 Kensington Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17th**
year **1941** hour **8** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Nov. 19,**
1937 to **Nov. 17 1941**
that I last saw him alive on **Nov. 17 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regeneration** Duration **1 month**

Due to **Chronic Coronary thrombosis** **4 years**

Due to

Other conditions **gsc**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **John F. Caldwell** (M. D. or other) **MD**

Address **Kansas City, Mo.** Date signed **11/18/41**

Caldwell
2902 E. 31

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.